

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, March 14, 2019 at Health & Human Services; Sophie Beaumont Building; Boardroom A; 111 N. Jefferson Street; Green Bay, WI 54301

Present: Supervisor Tom Lund, Chair
Jesse Brunette, Susan Hyland, Vice Chair Paula Landrie,
Supervisor Aaron Linssen

Excused: JoAnn Grashberger, Craig Huxford, Supervisor Alex Tran

Also Present: Erik Pritzl, Executive Director
Jenny Hoffman, Community Services Administrator
Eric Johnson, Finance Manager
Ed Somers, Hospital & Nursing Home Administrator
Ruth Lund – Member of the Public

1. **Call Meeting to Order:**
The meeting was called to order by Supervisor Lund at 5:24 pm.
2. **Approve / Modify Agenda:**
LAUNDRIE / LINSEN moved to approve the March 14, 2019 Agenda.
The motion passed unanimously.
3. **Approve Minutes of February 14, 2019 Human Services Board Meeting:**
HYLAND / BRUNETTE moved to approve the minutes dated February 14, 2019.
The motion passed unanimously.
4. **Executive Director's Report:**
Erik Pritzl distributed his March 2019 Executive Director Report.

Sophie Beaumont Building Moves and Updates

All planned staff member moves have been completed for Community Services and Public Health at Sophie Beaumont and the Environmental Unit of Public Health at Duck Creek. Our next steps are to fine-tune some of the areas and look at traffic flow within the building. The physical move went well with Facilities doing a great job with phasing and moving staff in.

Organizational Effectiveness

Organizational Effectiveness (OE) is an improvement process supported by the Wisconsin Department of Children and Families with the Wisconsin Child Welfare Professional Development System to help us define our future in recruitment and retention of Child Protective Services (CPS) employees. They provide facilitators who will be guiding our workgroup of CPS supervisors, staff and HHS administration through the process, as well as modeling and teaching us the process so we can sustain it.

New Department of Children and Families (DCF) Secretary

Department of Children and Families Secretary, Ms. Emilie Amundson visited Brown County Health & Human Services for an on-site visit February 28. She spent time meeting with Child Protective Services and Youth Justice staff members at Sophie Beaumont, then travelled to Shelter Care and the Brown County secure detention facility where she spent time speaking

with children there. She seemed impressed with our staff and our approach to what we do. She took a lot of positive things back and shared with regional staff.

Secure Residential Care Center for Children and Youth (SRCCCY)

We are still assessing this service area as a future direction in Brown County. The Governor's proposed budget had some changes which increased funds from \$40M to \$100M and changed the submission date of grant proposals to July 1, 2019. From what we are hearing, the Legislature is understanding the funding needs to be there for these facilities as counties cannot afford them. DCF Secretary Amundson asked quite a bit about this during her visit and was encouraged to know we are still investigating this, and saw this as a positive.

LUND: This is a lesser facility than the State one down by New London, right?

PRITZL: Yes, the New London one is a Type 1 facility that is State-run; one of two proposed.

LUND: There will be two State-run, and then there will be money for these facilities for the County-run ones?

PRITZL: There is a Grant Committee; we apply to the Grant Committee; outline what we want to do; we'll have to know what it will cost; and then they will work with whatever (money) they get in, but they will have to approve those.

LAUNDRIE: So two State (run facilities) and how many Counties are looking to have one?

HOFFMAN: I think there were three or four...

LUND: Wasn't Outagamie County thinking of one?

PRITZL: No; Milwaukee, Racine, Dane, Brown, La Crosse is on the fringe.

HOFFMAN: La Crosse is out, I think.

LUND: What are they doing about the northern Counties?

PRITZL: Brown. At one point there was some writing of areas north of highway 29; Green Bay is technically north of 29 if you're in the right spot. Eau Claire has been sort of in-and-out, but that is probably the only other northern County. We (Brown) are the most northern County.

LAUNDRIE: What are the two State places called?

PRITZL: Milwaukee is one.

LAUNDRIE: So they are going to have a State one and a secured residential?

PRITZL: Yes. Milwaukee has been on a path to take care of their kids for a long time. This has been a goal to get them out of Lincoln Hills.

LAUNDRIE: That is a good path.

LUND: Their census is probably higher due to population.

PRITZL: Yes.

LAUNDRIE: So Milwaukee, and what's the other one?

PRITZL: It is by New London. It's outside New London.

LUND: Horton something...

PRITZL: Hortonia; it is a Township.

LUND: I had never heard of it until the news the other day.

Emergency Detentions

Emergency detentions (EM1s), overall as a number, do not look bad from 2018 to 2019. The number of children and adolescent EM1s has gone down; 26 in January/February 2019 compared to 46 last year. On the adult side, it is not the same story; there were 118 this year, compared to 104 last year. We are seeing a shift in the population.

LINSSEN: Is that an ongoing shift or potentially just a "one off?"

PRITZL: That is a good question; it is hard to say. Last year we saw adolescents and children spike in the first part of the year, and our thought was we started to see it drop, so we knew at the end of the year it was going to be lower overall compared to prior year. This might be the same trend. We are now seeing a spike in the first couple months. It could level off; it's too soon to really draw a lot from it in two months. What is more concerning is just making sure we have local capacity; that has been an issue. We have had more people go to Winnebago County this year than last year. Especially if it involves children and adolescents, and if facilities that serve both (adults and adolescents) are serving more adults, we might see issues. This is something we monitor very closely.

Community Treatment Center

The census at Nicolet Psychiatric Center at Community Treatment Center has been running higher in 2019 compared to 2018 which goes along with the number of overall emergency detentions. Bay Haven looks stable as a CBRF (Community Based Residential Facility); a little bit higher than last year, and an improvement over prior years. Overall, our diversion census – when we take Bay Haven and contracted diversion facilities and put them together – has been increasing, so more people are in crisis stabilization placements.

We hope to have the Officer/Clinician team start sometime in 2019, and that will help the situation as well.

LUND: Regarding the building move, there were no problems moving Public Health?

PRITZL: No.

LUND: People like it out there (Duck Creek facility in Howard)? There were questions at one time regarding everyone moving here (Sophie Beaumont); it wasn't big enough. So the facility is large enough for what they need?

PRITZL: Yes. I went out there Tuesday, the Lab is very nice.

LUND: The Lab was one of the main things...

PRITZL: It is a nice space. They had to put an elevator on the front of the building, and configured it with some nice lobby space on the first and second floor. So when you walk in there, it is very different from when you used to walk into the Highway Department.

LUND: I've been there.

PRITZL: Go there now.

LUND: It's much nicer?

PRITZL: Oh, yes. You go to the second floor, and they have been doing some work on the big meeting space up there; it is all carpeted now. They want to replace all the furniture, which is a need. They have the space configured for the Sanitarians, and some storage options up there.

LUND: They were talking about the space for the Sanitarians too, because of secured records and that type of thing.

LINSSEN / LAUNDRIE moved to receive and place on file the Executive Director's Report for March 2019. Motion carried unanimously.

5. **CTC Administrator Report including NPC Monthly Report:**

Ed Somers, Hospital & Nursing Home Administrator, referred to his March report included in the Agenda Packet.

Once again, Ed Somers acknowledged the Community Treatment Center staff for their dedication in coming to work during the February snow-related weather issues as this has been the second snowiest winter on record.

Patient Complaints

A patient had made a complaint, however, we could not validate who the patient was complaining about, so we did not report it. Two days later, the same patient made a specific complaint naming a person. We reported it, and the State came in, and agreed with our investigation, but said we should have turned in a report on the patient's first complaint. CTC followed the State's flowchart on filing complaints, however, we received a notice for past non-compliance. We have also received some odd complaints, which have turned into nothing, but we still need to do the reporting and filing with the State. Fortunately, the State has automated the process and we log on to a website and submit everything that way.

We have separated the way we handle grievances and patient service complaints. We did have a grievance filed on a concern at the hospital (NPC). The grievance filed was related to medications; the patient has the right to refuse medications, and the patient filed saying he was forced to take medications.

Survey Readiness

Somers and the NPC staff are working to prepare for an upcoming hospital survey. Norwood recently completed their survey at their hospital, and they have agreed to come and do a mock-survey at NPC; we will help them down the road with their quality improvement plan.

LAUNDRIE: Who is Norwood?

PRITZL: Norwood is in Wood County, but it a combination of...

SOMERS: It is a nursing home and a psychiatric hospital, so very comparable to us.

PRITZL: They serve a region, so they have that approach with their name/branding.

Detoxification Unit

We toured Tellurian in Madison and are exploring the possibility of offering detox services within our current building footprint by converting half of Bay Haven to accommodate this.

SOMERS: What I found most interesting (at Tellurian) is their threshold for blood alcohol. I think our threshold is 0.3 at Nicolet before we send them to the hospital. Theirs is 0.7.

LUND: Wouldn't they be dead?

SOMERS: I didn't realize how common that is; people have such a tolerance.

HYLAND: I think people who are alcoholics have that higher tolerance, but the average person, if they consumed that much, would be dead.

LAUNDRIE: Are you saying 0.4, 0.7, not 0.08?

SOMERS: 0.08 is proof of legally intoxicated that you can't drive.

LUND: If you are at 0.08, we don't detox people like that; they get turned over to a responsible party. So what level do we start doing a detox on somebody?

PRITZL: We don't use a PBT or a blood alcohol measure.

LUND: Is it just how they are acting?

PRITZL: It is basically their ability to care for themselves. Our threshold is incapacitation. So if you are not able to meet your care needs; you are basically non-responsive, so to speak, then you are incapacitated.

LUND: So then we wouldn't turn them over to a responsible party.

PRITZL: Not usually.

LUND: How long would it take usually to detox them? 8 hours?

PRITZL: Our Bellin stays are typically a day. Usually 24 (hours), but that is because they are trying to engage the person in treatment, get them set up with an assessment...

LUND: So it doesn't happen again.

PRITZL: That's what we are trying to do. We don't want them to keep coming in and out, but that doesn't always work.

SOMERS: At Tellurian, they said they would need to stay minimally 12 hours, can't be going through withdrawal, your BAC (blood alcohol content) must be zero, and you must meet with a counselor before discharge. Even now, we occasionally get people who come up to Nicolet, they'll make suicidal statements, sober up the next day, and say, "I'd never dream of committing suicide." This will address some of that as well.

HYLAND: How good that you are using more observational kind of evaluation rather than just a number, because everybody's body might react differently.

Nurse Call System

We are working on the final implementation of the R-Care nurse call system. We had some network issues within the building and they are taking care of it on March 22.

LINSSEN / BRUNETTE moved to receive and place on file the CTC Administrator Report including the NPC Monthly Report for March 2019. Motion carried unanimously.

6. Re-appointments to the Medical Staff of Community Treatment Center

LINSSEN: Were there any recommendations from the staff on these individuals? Are there any concerns we should be aware of?

PRITZL: All of them are reviewed by psychiatric medical staff at a meeting held this week, and all were recommended for re-appointment. The binders (on each re-appointment) are reviewed. Dr. Pareek, for example, is reviewed by a different physician so he is not reviewing his own and not voting on himself. Dr. Tan is reviewed by a different physician. There is documentation on who reviewed each; it is across the medical team. All were approved for re-appointment.

a. Dr. Yogesh Pareek, Clinical Director

LAUNDRIE / LINSSEN moved to approve and re-appoint Dr. Yogesh Pareek to the Medical Staff of Community Treatment Center. Motion carried unanimously.

b. Dr. Egbert Tan, Psychiatrist

LINSSEN / HYLAND moved to approve and re-appoint Dr. Egbert Tan to the Medical Staff of Community Treatment Center. Motion carried unanimously.

c. Dr. John Warren, Contracted Medical Doctor

LINSSEN / HYLAND moved to approve and re-appoint Dr. John Warren to the Medical Staff of Community Treatment Center. Motion carried unanimously.

7. Financial Report for Community Treatment Center and Community Services:
Eric Johnson, Finance Manager, distributed the March Financial report.

At this point in the year, it is unusual as we don't have the prior year – 2018 – closed and January and February (2019) are not closed. However, we can look at final numbers for payroll through the most recent pay period end date of February 23, 2019.

Payroll and fringe benefit expenses for both CTC and Community Services are slightly higher than the 14.8% benchmark after 54 of 365 days for the year. CTC is at 15.3% and Community Services is at 15.2%. However, there is a budget adjustment still pending for the 2.25% wage increase. When that posts, it will decrease the budget variance and that accounted for the majority of the variances.

Other contributing factors included premium pay for the hospital and nursing home and overtime differentials. Fringe benefits are also higher at this point for both CTC and Community Services.

Community Services also has some premium pay in Child Protective Services and Shelter Care contributing to the variance.

Census numbers for CTC are slightly lower than budget for Bayshore Village and Bay Haven, but higher for Nicolet.

Johnson also brought the Ability to Pay Calculations and adjustments we make for patients and clients at the Outpatient Clinic at CTC when they do not have insurance and end up with a private pay balance after they have left treatment. Up to this point, Clinic clients are expected to pay a minimum monthly amount, based on a sliding fee scale, no matter the amount of services they receive, and when they are discharged, they have no remaining amount pending.

Clients of the hospital, however, can end up with a significant private pay balance of \$10-20,000 because it is an average of \$1000 per day. Past practice has been to offer financial assistance if they will fill out forms regarding their income level. Based on a different sliding scale between 100% of the federal poverty level and 200% of the federal poverty level, we would adjust their balance on a prorated basis. For example, if they were at 150% of the federal poverty level, 50% of their balance would be reduced. However, with a \$20,000 balance, that only reduces it to \$10,000 and some of these people are at a very modest income level.

The Maximum Monthly Payment Schedule comes from the State, and it does not start at the poverty level, it starts at approximately 150% of the poverty level. The gross monthly income of approximately \$1200 is the federal poverty level and monthly payments are \$0. Johnson took this schedule, and penciled in monthly payments of \$15 instead of \$0 because historically, Brown County has charged a minimum payment of \$15 irrelevant of a client's income level. That is based on people's ability to pay as we have had Representative Payee clients who have been clients of the Outpatient Clinic or the hospital be able to pay \$15 per month. Johnson feels it is reasonable to set a minimum monthly payment amount. There is some possibility the State will change their regulations to make it so if they say a payment is to be \$0, it has to be \$0, and we would not be able to charge more, and it may be out of our hands.

Johnson suggested one idea is to set, based on the monthly maximum, an adjustment of balance to 5 years of payments. For example, if someone has been paying \$15 a month at the lower end of the income scale, 60 payments would be \$900; so they would have

some liability, some contribution to the cost of their care, but not the large amount of \$10,000 that might take years and years to pay.

LUND: So on a \$20,000 balance, they would have roughly a 5% portion of their care would be paid for by them.

JOHNSON: On a \$10,000 balance, it would take 50 years to pay off at \$15 per month.

LAUNDRIE: So we would rather get some than nothing, that's basically what you are saying.

LUND: After the 5 years, can we write off the remaining balance? Are there any write-offs with the feds or the State on those remaining balances?

JOHNSON: We can't get any kind of credit or additional funding from State or Federal. The reason I brought this forward was to interject a Human Services component to this in terms of giving people something reasonable as a goal to contribute toward their care instead of something that hangs over their head sometimes for the rest of their lives.

LINSSEN: What is the point of the \$15?

JOHNSON: I'm not sure where that came from years ago. I've heard it is in DH-1, the State regulations, that Counties can charge a minimum of up to \$25. This was determined years ago, so perhaps that was the dollar amount 10-15 years ago when this was determined and it just hasn't changed since then. There is no rhyme or reason, this is just what historically has been charged. So it could be any dollar amount as well; starting at \$5, \$10, \$15. But I do think having something, no matter what income level people are at, I think there is...

LAUNDRIE: Ownership. Absolutely. I totally agree.

JOHNSON: I wanted to start the discussion so we could possibly try to determine something consistent because I see this as very inconsistent between people served at the Outpatient Clinic and people who are served at NPC for an inpatient stay and those at the nursing home with a balance to settle.

LUND: Can we look at what surrounding Counties are doing? I know some of them don't have the services; only a few have the service.

JOHNSON: Only a few truly have nursing homes and hospitals. I can talk to the Finance Managers in the Northeast Region, but there are only two that have facilities like ours, but I can probably reach out. I believe every County is struggling with this; there is not a lot of guidance from the State. The guidance we did receive was that these minimum monthly payments were not necessarily meant to settle balances. They were meant to tell people, you can't charge someone more than this – it's not reasonable to charge someone more than this at this income level. It was determined to protect clients from a County asking them to pay more than they can afford on a monthly basis, but wasn't meant to affect the actual balances they were trying to resolve. That is what I would like to weave into this – is there a way we can set a reduction of their overall balance so it does not extend on forever.

SOMERS: In Washington County, in the nursing home, we encountered clients who would incur a penalty period before they qualified for Medicaid. So a bill of \$10-, \$20-, \$30,000 would sit in private pay; so we negotiated payment plans with individuals or Rep Payee through their allowance for the month. We would negotiate – some were \$5, some \$10, some \$15. We had some who wouldn't use their personal allowance so all would go toward their private pay balance. We ended up writing a lot of it off when they passed away. It was something, they would take ownership of it and pay toward it.

JOHNSON: The only change I am proposing is putting an end point; so the client can see an end point, and not something they would be paying on indefinitely.

PRITZL: As we talked about this, I think it is good for people to know – is there any financial reason to keep these balances on the books so to speak, or track?

JOHNSON: I should also mention, our accounting methodology is that we put an allowance in place over the course of the first year, any balance that is over a year old, we have allowed for fully. All of the financial impact is within the first year; after that, any dollars that come in go strictly to enhance and help the bottom line. There is no expectation that we will receive any payment; everything has been written off for bookkeeping purposes after a year. So any payments after that point are additional funds to the County; not part of our receivable balances.

LINSSEN: What happens if they don't pay?

JOHNSON: If they don't pay – that is a good question. What we have set up, is if they don't pay, and don't respond to our requests for information, they will be sent to collections. Recently, we changed to use the Wisconsin Department of Revenue as our collection bureau, and they have much more effective methods for collection. They will be collecting for us the same way they collect for tax liabilities when someone doesn't pay their income taxes. But we don't want to send people to collections, only to have something come up. If they can't pay, it's better not to send to collections, it's better to make an arrangement with them. We do try to reach out to them. I think we will be more effective at getting responses from people if we are offering something that they see as reasonable and something they can do.

LAUNDRIE: According to this chart, everyone is a one-person family.

JOHNSON: Additional columns would be if it is a two-, three- or four-, five-person family, so then the amount you are expected to pay goes down if there are two or three people in the family.

LAUNDRIE: So then they pay nothing? Zero?

JOHNSON: I only included the first two pages of the chart, there are four page all together. Most of the people we see are individuals, or two-person families/couples. We rarely have families that we are dealing with.

LUND: If these people are indigent, don't we set them up with Economic Support to see that they get as many benefits as they are entitled to?

PRITZL: Yes.

LUND: So we will just take \$15 out of whatever benefits they are receiving. That's how they will pay, if they are qualified for benefits.

JOHNSON: If they are part of our Representative Payee program, otherwise we don't have access to their funds.

LUND: Ultimately we set them up for benefits so they feel like they are giving me something, but then we take \$15 a month for the cost of care. And then after a year we write it off.

PRITZL: It depends on their income; we might not be able to get anything. But the benefit is – and this is why we did the improvement project to get people connected with Badgercare – was if they come back for service, they have coverage. We would then get the Medicaid payment for the hospital stay or they can use outpatient services. We want them to use outpatient services so they don't come back into the hospital. It helps if there is a future admission; but as far as that admission, if they are Medicaid-eligible, they will be at the \$15 a month payment level.

JOHNSON: We can't require payments for those who are at those lower levels, but we can request payments, and we always have. We wouldn't send any of those folks to collections.

LINSSEN: From which folks?

JOHNSON: Anyone who is under that level...

LUND: Under the 100%?

LINSSEN: Anyone who is a 0 (on the chart), they wouldn't go to collections?

JOHNSON: Correct. They wouldn't go to collections.

LINSSEN: I had a little bit of a concern about that, but that explains it.

JOHNSON: This chart extends out to those who are 150% of the poverty level. Those folks would never go to collections.

LUND: That seems fair.

JOHNSON: I will have discussions with other counties, and I will try to bring back specific proposals to get a recommendation from you.

LAUNDRIE / LINSSEN moved to receive and place on file the Financial Report for Community Treatment Center and Community Services. Motion passed unanimously.

8. Statistical Reports: a, b & c

Statistical Reports a and c were included within the Agenda Packet. Report b was distributed to the Board.

LINSSEN / LAUNDRIE moved to suspend the rules to receive all of the reports together. Motion passed unanimously.

LINSSEN / LAUNDRIE moved to receive and place on file all reports under #8. Motion passed unanimously.

9. Request for New Non-Continuous Provider & New Provider Contract:

Please refer to the Agenda Packet which includes this information for February.

HYLAND / LINSSEN moved to receive and place on file the New Non-Continuous Provider and New Provider Contract Report. Motion passed.

10. Communication Regarding Human Services Board Attendance.

Pritzl mentioned he was working with Corporation Counsel and Administration to look at the policy and ordinance piece, and previous Board Meeting attendance was examined. Lund mentioned we should reach out to all Human Services Board members to determine if they will be able to regularly attend, because some have not attended at all, and gauge their interest to remain on the Board. Pritzl said he would ask Cathy Foss to reach out to Board members.

Regarding the overall structure of the Board, and pieces of the ordinance relating to this Board that need to be attended to -- there are things within the ordinance that need to be fixed because they are outdated.

After Pritzl spoke with Corporation Counsel, one thing to take into account -- by ordinance we are required to have 9 members, however, by Statute we are required to have 7. It could be recommended to the County Board that the size of the Board be reduced to 7 so the number for quorum would be reduced and easier to achieve. This would not take place until a member's time on the Board is up, and would be achieved through attrition. Currently, there is a vacancy on the Board.

Corporation Counsel also mentioned he has seen attendance requirements for other boards or committees, so language could be added that speaks to that; however, Pritzl did not have any specific language to offer at this time.

LUND: My only concern is that if we have four people come to a meeting and then we didn't get a quorum, those four people... we have wasted their time, and the staff's time also.

Lund suggested this item be referred to next month, and kept as a continuous item on the agenda until a solution is reached. Laundrie requested we address the need for officer elections for the Board.

LUND: It should be done every two years.

LINSSEN: Meaning...?

LUND: The Chair, Vice Chair...

LAUNDRIE: There's supposed to be a Secretary. I was the Secretary, and before anything was sent to any of you, I was supposed to peruse it and make corrections.

LUND: We might be able to get rid of the Secretary because we usually have a Secretary at the meetings, so it seems redundant. It might make sense to just drop that.

LAUNDRIE: As long as it is not in the Statute.

LUND: Because we could always designate it to staff.

PRITZL: So do you want an organizational meeting on the next agenda?

LUND: Yes, we will refer this item to the next meeting.

At this time, both Laundrie and Hyland mentioned they would not be in attendance at the April 2019 meeting.

LAUNDRIE / LINSSEN made the motion to refer this item to May 2019 Human Services Board meeting. Motion passed unanimously.

11. Other Matters:
None.

12. Adjourn Business Meeting:
HYLAND / LAUNDRIE moved to adjourn. Motion passed unanimously.

Supervisor Tom Lund adjourned the meeting at 6:14 p.m.

Next Meeting: Thursday, April 11, 2019 at 5:15 p.m.
Sophie Beaumont Building
Boardroom A
111 N. Jefferson St.
Green Bay, WI 54301

Respectfully Submitted,
Catherine Foss
Office Manager